

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1600 Broadway, Suite 700  
Denver, Colorado 80202-4967



**Region VIII**

MT 0208.90.R3; DF

June 12, 2008

Mr. John Chappuis  
State Medicaid Director  
Department of Public Health and Human Services  
P.O. Box 4210  
Helena, MT 59604-4210

Dear Mr. Chappuis,

This letter is to inform you that your request to renew the Montana home and community-based services waiver for adults and children with mental retardation and developmental disabilities, as authorized under section 1915(c) of the Social Security Act, has been approved. These individuals would otherwise require the level of care provided in an intermediate care facility for persons with mental retardation and related conditions. The waiver renewal has been assigned control number 0208.90.R3, which should be used in all future correspondences regarding this program.

As part of this renewal, the State requested and was approved to implement the following changes: 1) Increase the projected number of unduplicated recipients from 2,200 to 2,300 for renewal years 1 - 5; 2) Remove the negotiated respite service option, which posed a liability risk to the waiver recipient; and, 3) Update the rates for services as noted in Appendix J.

The renewal period is effective July 1, 2008 through June 30, 2013 with no changes in the number of waiver services (23): Day Habilitation; Homemaker; Residential Habilitation; Respite; Supported Employment; Waiver-funded Children's Case Management; Occupational Therapy; Physical Therapy; Psychological Services; Speech Therapy; Adult Companion Services; Adult Foster Support (with a subcomponent called Residential Training Supports); Assisted Living; Caregiver Training and Supports; Community Transition Services; Dietician; Environmental Modifications/Adaptive Equipment; Individual Goods and Services; Meals; Personal Care; Private Duty Nursing; Respiratory Therapy; and Transportation.

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The following are the approved estimates of utilization and cost of waiver services:

	# of unduplicated recipients	Est. Waiver Costs Per Person (Factor D)	Estimated all other Medicaid Costs Per Person (Factor D')	Total Estimated Community Costs Per Person
Year 1	2300	\$37,213.05	\$6,919.54	\$44,132.59
Year 2	2300	\$38,327.31	\$7,127.13	\$45,454.44
Year 3	2300	\$39,474.28	\$7,340.94	\$46,815.22
Year 4	2300	\$40,662.07	\$7,561.17	\$48,223.24
Year 5	2300	\$41,882.44	\$7,788.00	\$49,670.44

We appreciate the time and efforts provided by you and your staff, especially Jeff Sturm and the staff with the Developmental Disabilities Program (DDP). If you have any questions, please feel free to contact Di Friedli at (303) 844-7112 or [Diana.Friedli@cms.hhs.gov](mailto:Diana.Friedli@cms.hhs.gov) .

Sincerely,



Richard C. Allen  
Associate Regional Administrator  
Division of Medicaid and Children's Health

cc: Jeff Sturm, DDP  
Ondrea Clay, CMS